

APR 14 2005

PART B - FEE(S) TRANSMITTAL

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AKIN GUMP STRAUSS HAUER & FELD
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Maggie Galle

(Depositor's name)

Maggie Galle

(Signature)

April 12, 2005

(Date)

04/15/2005 DEMMANU2 00000044 10661894

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/661,894	09/12/2003	David F. Tobias	H052404.0100US0	8525

TITLE OF INVENTION:

METHOD AND APPARATUS FOR COMMUNICATING CONFIGURATION DATA FOR A PERIPHERAL DEVICE OF MICROCONTROLLER VIA A SCAN PATH

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
NONPROVISIONAL	NO	\$1400	\$0	\$1400	06/21/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	

SHIN, CHRISTOPHER B

2182

710-030000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. _____
2. Akin Gump Strauss Hauer & Feld
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ADVANCED MICRO DEVICES, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

AUSTIN, TEXAS

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
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4b. Payment of Fee(s):

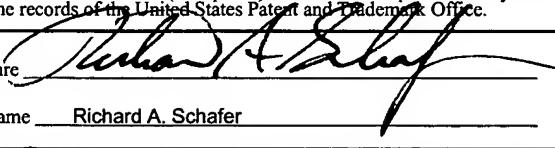
A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-2435 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Date April 12, 2005Typed or printed name Richard A. SchaferRegistration No. 45.078

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